

4004.10-4



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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	
)	
IMRAN, MIR A.)	Group Art Unit: 3762
)	
)	Examiner: Jeffrey R. Jastrzab
Serial No.: 10/691,880)	
)	Confirmation No.: 9003
Filed: October 23, 2003)	
)	Customer No.: 23308
Title: <u>METHOD AND DEVICE FOR</u>		
<u>SECURING A FUNCTIONAL DEVICE TO</u>		
<u>A STOMACH</u>		

COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

Sir:

CERTIFICATE OF FACSIMILE TRANSMISSION


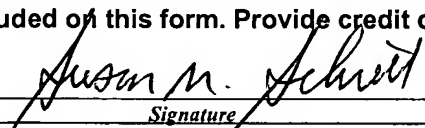
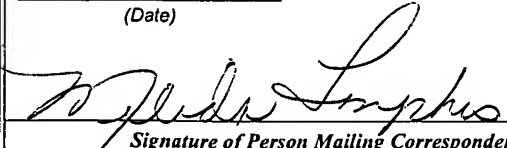
I hereby certify that this correspondence is being on
November 17, 2005.



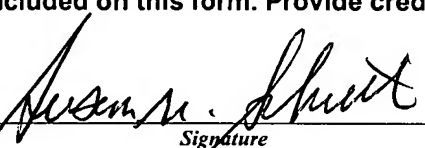
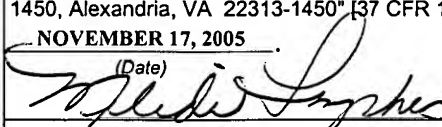
Melinda A. Tompkins

SUPPLEMENTAL PRELIMINARY AMENDMENT

This Supplemental Preliminary Amendment is filed to further
amend claims and to insert a replacement title.

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 4004.10-4	
Applicant(s): MIR A. IMRAN					
Application No. 10/691,880	Filing Date OCT. 23, 2003	Examiner JEFFREY R. JASTRZAB	Customer No. 23308	Group Art Unit 3762	Confirmation No. 9003
Invention: METHOD AND DEVICE FOR SECURING A FUNCTIONAL DEVICE TO A STOMACH					
					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	25 -	51 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	4 -	5 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-1331 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: NOVEMBER 17, 2005		
SUSAN M. SCHMITT (REG. NO. 34, 427) PETERS, VERNY, JONES, SCHMITT & ASTON LLP 425 SHERMAN AVENUE, SUITE 230 PALO ALTO, CA 94306 TEL: (650) 324-1677 FAX: (650) 324-1678			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on NOVEMBER 17, 2005 _____ (Date)  _____ Signature of Person Mailing Correspondence MELINDA TOMPKINS _____ Typed or Printed Name of Person Mailing Correspondence		
cc:					

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TRANSMITTAL LETTER (General - Patent Pending)				Docket No. 4004.10-4	
In Re Application Of: MIR A. IMRAN					
Application No. 10/691,880	Filing Date OCT. 23, 2003	Examiner JEFFREY R. JASTRZAB	Customer No. 23308	Group Art Unit 3762	Confirmation No. 9003
Title: METHOD AND DEVICE FOR SECURING A FUNTIONAL DEVICE TO A STOMACH					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is:					
1. TRANSMITTAL LETTER;					
2. AMENDMENT TRANSMITTAL LETTER;					
3. SUPPLEMENTARY PRELIMINARY AMENDMENT (7 PAGES); AND					
4. POSTCARD.					
in the above identified application.					
<input checked="" type="checkbox"/> No additional fee is required.					
<input type="checkbox"/> A check in the amount of _____ is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 16-1331 as described below.					
<input type="checkbox"/> Charge the amount of _____					
<input type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional fee required.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: NOVEMBER 17, 2005		
SUSAN M. SCHMITT (REG. NO. 34, 427) PETERS, VERNY, JONES, SCHMITT & ASTON, LLP 425 SHERMAN AVENUE, SUITE 230 PALO ALTO, CA 94306 TEL: (650) 324-1677 FAX: (650) 324-1678					
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cc:					